

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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36						
37						
38						
39						
40	7					
41	2					
42	2					
43	2					
44	2					
45	7					
46	7					
47	7					
48	7					
49	2					
50	2					
TOTAL IND.	7					
TOTAL DEP.	69					
TOTAL CLAIMS	71					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54		3				
55		1				
56		1				
57		1				
58		1				
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TOTAL DEP.						
TOTAL CLAIMS						